

CONFIRMATION OF REQUEST FOR REASONABLE ACCOMMODATION	
EMPLOYEE'S NAME	
EMPLOYEE'S WORK ADDRESS	TELEPHONE NO.
DATE OF REQUEST FOR ACCOMMODATION	
ACCOMMODATION REQUESTED <i>(Be as specific as possible, e.g., adaptive equipment, interpreter)</i>	
REASON FOR REQUEST <i>(If accomodation is time sensitive, please explain)</i>	
SIGNATURE	
RETURN THIS FORM TO: 1. Your Servicing Human Resources Office, AND 2. Disability Program Manager, Branch of Diversity and Civil Rights, 4401 N. Fairfax Drive, Arlington, VA 22203	
LOG NO. (Disability Program Manager will assign this number):	
FWS Form 3-2240 02/03	